

~~For Official Use Only~~

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Signature

Signed

On

8/11/05

Date _____

(304) 485-6231

Telephone Number

Name of Person Filing William C Hutchinson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Iron Workers Southern OH Fringe Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1470 Worldwide Place

City Vandalia

State Ohio

ZIP Code + 4 45377

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Southern OH Fringe Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1470 Worldwide Place

City Vandalia

State Ohio

ZIP Code + 4 45377

11.a. Nature of such dealing.

Attended Trustee Educational Conference for Iron Workers Southern Ohio Fringe Funds. Reimbursed for travel expenses for Conference. 11/29 - 12/03/04 New Orleans, LA.

11.b. Approximate dollar value of such dealing.

\$207

12.a. Nature of interest held or income received.

Reimbursement for travel expenses. 11/29 - 12/03/04 New Orleans, LA.

12.b. Amount.

\$207

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

William C Hutchins -

Print Name

William C Hutchins

Signature

8/11/05

Date